Substitute for form 1449B/PTO				Complete If Known		
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STATEMENT BY APPLICANT			CANT	First Named Inventor	Burns, Jennifer M.	
				Art Unit	1647	
(Use as many sheets as necessary))	Examiner Name	Fozi M. Hamud	
Sheet	1	of	1	Attorney Docket Number	019934-003360US	

U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Document Number Number Kind Gode ^{2 (Flower)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		US-				
		US-				
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FOREIGN PATENT DOCUMENTS								
Examiner Cite		Foreign Patent Document			Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages	
Initials*	No.¹	Country Code ³	Number ⁴	Kind Cods ⁵ (If known)	MW-DD-YYYY	Applicant of Cited Document	or Relevant Figures Appear	™
/FH/	1	wo	99/40104	A1	08-12-1999	Millennium Biotherapeutics, Inc.		

NON PATENT LITERATURE DOCUMENTS						
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²			
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Examiner Signature	/Fozia Hamud/	Date Considered	03/27/2007

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1 Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.